



**State of Rhode Island  
DEPARTMENT OF BUSINESS  
REGULATION 1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920**

**Division of Commercial Licensing  
Liquor Section**

**RHODE ISLAND APPLICATION SUPPLEMENT  
FOR ALTERNATING PROPRIETORSHIP ARRANGEMENT**

**Host Brewer:** \_\_\_\_\_

**Tenant Brewer:** \_\_\_\_\_

**Questions**

To any extent the below questions have been answered in an application made to the Federal Alcohol and Tobacco Tax and Trade Bureau for this alternating proprietorship brewery operation, you may submit a copy of that application with the relevant portions flagged.

Questions marked with an asterisk (\*) do not need to be answered if this is an application for a second or subsequent tenant brewer and the host brewer has previously provided the information and it has not materially changed.

1. Please provide the number of tenant brewers intended or expected along with a range of approximate production capacities of each and/or in total and an approximate timeline for tenant applicant submissions.\*
2. Describe the portion of the brewery premises and equipment to be periodically alternated and submit a diagram that identifies the areas designated for use by the alternating tenant brewers.\* To the extent applicable/available, provide a copy of the diagram marked in a manner that designates any particular area(s) within the alternating proprietorship premises that will be assigned to this particular tenant brewer.
3. To the extent applicable/available, submit a schedule detailing the dates of brewing and/or packaging for the tenant brewer or a draft or sample schedule.
4. Provide a copy of the contract/agreement between the host brewer and tenant brewer or relevant portions thereof that address the alternating proprietorship brewing arrangement.

Please be advised that up to date premises diagrams, schedules, and contracts must be retained on the premises and made available to DBR inspectors. Such records may be retained electronically, provided adequate access is provided to DBR inspectors.

## TENANT BREWER ATTESTATIONS

As a duly authorized representative of \_\_\_\_\_,  
I, \_\_\_\_\_, hereby acknowledge the below statements  
under penalties of perjury.

1. The tenant brewer acknowledges that it must comply with Rule 25 of Commercial Licensing Regulation 8 as enforced by the Department of Business Regulation. Specifically, Rule 25 prohibits the tenant brewer from leasing or assigning the tenant brewer's license or giving management operational rights or control to a third party. A bona fide host-tenant brewer arrangement does not violate Rule 25 provided the relationship satisfies the remainder of the below attestations.
2. The tenant brewer acknowledges that all the beer the tenant brewer produces must be kept separate and identifiable from the beer of all other tenants and host brewer at all stages, including prior to fermentation, during fermentation, during cellar storage, and as finished beer after production and before removal from the brewery.
3. The tenant brewer is required to be involved in the development of the beer such as by hiring a brewmaster, using its own formula, retaining a brewery consultant to develop formulas, or working with the host to develop formulas.
4. The tenant brewer is required to provide input about the amount of beer to be produced based on orders or anticipated needs.
5. The tenant brewer is required to establish quality control standards and procedures that relate to the beer he or she produces at the host brewer.
6. The tenant brewer is required to exercise an appropriate degree of independence from the host brewer with respect to brands, trademarks, marketing, and directed sales.
7. The tenant brewer acknowledges the requirements that the tenant brewer records must be maintained completely separate from those of the host and other tenant brewers; the records must relate only to the beer produced by the tenant brewer; and up to date premises diagrams, schedules, and contracts must be made available to DBR inspectors upon request.

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**SIGNATURE**

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**DATE**



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Division of Commercial Licensing  
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**INITIAL APPLICATION FOR WHOLESALER/MANUFACTURER LICENSE**

All licenses expire on December 1st of every year. A 10% late fee will be applied after this date.

Wholesaler: ☐ Class A ☐ Class B ☐ Class C

Manufacturer: ☐ Brewery ☐ Winery ☐ Distillery ☐ Farmer Winery ☐ Brewpub ☐ Brew on Premises ☐ Rectifier

Gallons Produced: ☐ Less than 50,000 Gallons ☐ More than 50,000 Gallons

Business Structure: ☐ Corporation ☐ Partnership ☐ LLC ☐ Individual

Name of Applicant/Corporation: \_\_\_\_\_

If applicable d/b/a: \_\_\_\_\_

Address of Premise: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal ID# \_\_\_\_\_ Phone # \_\_\_\_\_

If applicable State of Incorporation/Organization: \_\_\_\_\_

Date of Incorporation/Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name, Address, & Telephone number of all Officers. If applicable, please state percentage of ownership interest.

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**\*\*The above listed officers must submit a Criminal History Record in accordance with Exhibit 2 & Tax Affidavit Exhibit 1.**



Name, Address, & Telephone number of all Members of the Board of Directors and holders of ownership interests. If applicable, please state percentage of ownership.

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(Corporations having 25 or more stockholders need not file a list of names & addresses of stockholder).

Have any Directors, Board Members, or Stockholders ever been convicted of a crime?

☐ Yes ☐ No

If you've answered "Yes", please provide written explanation and submit Criminal History Record.

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Is the Applicant or any of its Officers, Directors, Board Members, or Stockholders interested directly or indirectly, as principle or associate, or in any manner whatsoever, in any license issued under Title 3 of the General Laws of the State of Rhode Island?

☐ Yes ☐ No

If you've answered "Yes", please provide explanation

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\* I hereby certify under the penalty of perjury that the above statements are true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Exhibit 1



### Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

#### Licensee Declaration

- ☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy. (Case # \_\_\_\_\_)
- ☐ I am in state receivership. (Case # \_\_\_\_\_)
- ☐ I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Exhibit 2



### CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS

**Criminal History Record ("CHR") must be submitted to the Liquor Section of the Department of Business Regulation ("DBR"), Division of Commercial Licensing, with each Liquor Application.** Processing applications is contingent upon the complete disposition, or results of any charges delineated or resolved prior to application submission. See instructions below to learn how to obtain your CHR.

#### INSTRUCTIONS

**Applying in Person:** A Criminal History Record may be obtained by visiting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General ("DAG"). To apply for a CHR in this manner, bring a picture-identification, showing your date of birth.

**Applying by Mail:** To apply by mail, send a notarized copy of a photo ID, showing your date of birth, and a signed/notarized letter, giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope.

**Mail to:**           **Department of the Attorney General**  
4 Howard Avenue  
Cranston, Rhode Island, 02920

**Hours of operation are 8:30 a.m. to 4:30 p.m.**

The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00), and is payable by check or money order to the "BCI". Please allow time for the DAG to process and generate your request. For further questions about this process, you may contact the DAG at (401) 274-4400.

**\*If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.**